

SENDER: Complete items 1 and 2 when additional s and 4. Put your address in the "RETURN TO" Space on the reversard from being returned to you. The return receipt feed delivered to and the date of delivery. For additional fees to postmaster for fees and check box(es) for additional service 1. EXShow to whom delivered, date, and addressee's address to the complete the complete that the complete the complete that the complet	erse side. Failure to do this will prevent this will provide you the name of the person the following services are available. Consult (s) requested.
3. Article Addressed to: Mr. Stanford J. Nudelman S.J. Nudelman & Son, Inc. 2707 N.W. Nela Street Portiland, Oregon 97210	4. Article Number P-563 131 231 Type of Service: Registered Insured Certified COD Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature Addressee X	8. Addressee's Address (ONLY if requested and fee paid)

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

- Print your name, address, and ZIP Code in the space below.

 Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

 Endorse article "Patturn Respire
- Endorse article "Return Receipt Requested" adjacent to number.





BATTO TO COMPANY AND THE STATE OF THE STATE

PENALTY FOR PRIVATE USE, \$300

RETURN

► EHayes TO

Print Sender's name, address, and ZIP Code in the space below.

U.S. EPA - REGION 10 PESTICIDES & TOXIC SUB. BR. 1200 - ETH AVE. (AT-083) SEATTLE, WA 98101